

INFORMED CONSENT TRACKING

ID NUMBER:									
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FORM CODE: ITF
 VERSION: 1.0 01/09/2025

Event: _____

0a) Date of Informed Consent: / / 0b) Staff Code:

Instructions: After obtaining the participant's witnessed signature on the informed consent document during the clinic visit, key the responses on this form to document their consent responses, and upload a copy of the signature pages.

0c) Contact Type:

In-person clinic visit (E1)₁ → **Go to 1**

Other₂

0c1) Specify other: _____

1) Participant agrees to participate in the SPIROMICS III study and to the collection, storage, use, and sharing of their data, images, and biospecimens, including DNA and RNA, with approved non-commercial investigators, including those not funded by the National Heart, Lung, and Blood Institute or the institution, for research purposes.

No₀ → **Go to End**

Yes₁

2) Participant agrees to allow the collection, storage, use, and sharing of their data, images, and biospecimens, including DNA and RNA, with commercial entities (e.g., for profit organizations such as pharmaceutical companies), including those who are not working for the National Heart, Lung, and Blood Institute or on studies not funded by the institution, for research purposes.

No₀

Yes₁

3) Participant agrees to allow important findings regarding their health from the SPIROMICS III study tests and examinations to be shared with their personal health care provider.

No₀

Yes₁

4) Participant agrees to allow the SPIROMICS III study team to contact them via unencrypted text messaging and/or email that may include personal and study related information such as results, reminders, prompts, and notifications.

No₀

Yes₁

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5) Participant agrees to allow SPIROMICS study staff and investigators to contact them about participating in additional assessments, procedures, and studies in addition to the SPIROMICS studies.

- No₀
 Yes₁

6) Please confirm. The participant was given a printed copy of the signed informed consent.

- No₀
 Yes₁

7) Please confirm. The participant did not participate in any SPIROMICS III study related activities or procedures prior to signing (or agreeing via phone if not in person) the informed consent.

- No₀
 Yes₁

8) Please provide the initials and staff code of the study personnel who obtained the signed informed consent as well as the initials and staff code of the study personnel who witnessed the informed consent.

8a) Staff Initials:

8b) Staff Code:

8c) Witness Initials:

8d) Witness Staff Code:

Please upload images of the signature pages (pages 14, 15, and 16 for most sites) of the informed consent document.

9) Please attest that the signature pages of the informed consent document have been uploaded.

- No₀ → **Upload signature pages and return to this question**
 Yes₁

END OF FORM